

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

38406

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **003**
 City **St. Louis** (No. **4272^a Castleman** St. Ward)

File No.
 Registered No. **10055**
 St. Ward)

2. FULL NAME **Nelson Bert Covert**

(a) Residence, No. **4272^a Castleman** St. **17** Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mary Covert**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 22, 1865**
 7. AGE YEARS **67** MONTHS **10** DAYS **29** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Electrician**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Terminal R.R. Assn**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Michigan**13. NAME **unknown**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**15. MAIDEN NAME **unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**17. INFORMANT **Mrs. Mary L. Covert** (ADDRESS) **4272^a Castleman**18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Church Nov. 23, 1933**19. UNDERTAKER **A. Brown & Co.** (ADDRESS) **2207 N. Grand Blvd**20. FILED **22 Nov 1933** **J. Brueck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 24, 1933**22. I HEREBY CERTIFY, That I attended deceased from **Sept. 1, 1932**, to **Nov. 21, 1933**I last saw him alive on **Nov. 21, 1933** Death is saidto have occurred on the date stated above, at **4272^a Castleman**

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset**Chronic Myocarditis**Other contributory causes of importance: **Chronic Myocarditis**Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **Dr. J. Brueck** M. D.
(Address) **3624 So. 10th**

WAE